

BEST AVAILABLE COPY

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 10 | 4-20-01 |
| FORMALITY REVIEW | FR | 1018 | 5/23/01 |
| RESPONSE FORMALITY REVIEW | gph | 1070 | 2-27-02 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|--------|
| Final Original | |
| 1 | 9/2/03 |
| 2 | 7/2/00 |
| 3 | 7/2/00 |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Final Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

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